Chance postin to fame as su

A NEW ZEALAND doctor with world reputation for rebuilding congenitally deformed and accidentally mangled human faces has just retired from the field of public medicine.

He is Professor William M. Manchester, founder and head of the plastic surgery unit at Middlemore Hospital, Auckland.

On retiring to private practice he leaves not only the largest plastic surgery unit in New Zealand but also a phrase, "the Manchester method," in the most up-to-date medical literature published overseas.

Colleagues describe him as "pre-eminent in his field." He has been elected to many top posts in international medical organisations and been honoured with visiting professorships at medical schools abroad.

During the past 29 years he has built up the Middlemore plastic surgery unit to a point where it has 72 beds and handles 3200 operations and 19,000 out-patients every year.

None of this might have happened, he says, but for a chance posting to a certain unit during the Second World War.

A short, dapper man with a brisk manner, William Manchester can switch from serious talk about his work to humorous asides, peering quizzically over his half-moon specs as if to inquire whether one has seen the joke.

Although obviously a most human and humane man, he has about him an aura of success and authority and one cannot imagine him suffering fools gladly.

Probably he leaves young house surgeons pale-stricken, but he is a man who delights in being able to tell the shocked mother of a facially malformed baby that he can and will do something about it.

Not content with giving an interviewer graphic verbal descriptions of what he and his staff do with their skill and scalpels, he insists on reinforcing his comments with a lecture illustrated with colour slides.

Here any initial feelings of nausea are soon replaced by wonder. All the before-and-after-surgery pictures are impressive; some are almost incredible.

One begins to realise that amid that welter of gore is an amazing metamorphosis of new-faces-for-old.

And not only faces. Here is a shot of a handless arm, the hand having been sliced off in an industrial guillotine. This is followed by a close-up of the hand not only stitched back on but functioning with all its muscles, nerves and blood vessels in working order.

We see newborn babies with hideous facial disfigurements such as multiple hare lips and cleft palates. The camera tracks the patient through childhood surgery until we see a perfect cupid's bow where once was that unsightly mess.

So-called cosmetic surgery gives chins to the chinless, smaller chins to replace ugly outsize chins, docks Cyranoesque noses and pushes back a pair of wildly protuberant eyes.

And all the while there is that understandably gratified running commentary: "What do you think of that?" How would you like to be the mother who sees her baby's face looking like that? Can you imagine how that boy's personality would have suffered if we hadn't been able to do that?"

Indeed, we can.

Then there are the burned bodies — great tracts of raw or blackened flesh caused by some accident in kitchen or factory. "Five seconds of exposure to heat means three years' work for a plastic surgeon."

Skin from unburned areas of the body — often pitifully small — is used for healing grafts.

If more people could see colour photographs of the ghastly maiming of the human face caused by traffic smashes they would either take a vow of caution or refuse to sit behind a steering wheel for the rest of their lives, he says.

A few years ago Professor Manchester showed some of his colour slides of traffic accident victims to a gathering of Auckland citizens. Several fainted.

"They asked me to talk about 'the cost of mobility' — so I did better than that. I showed them. They were shocked and that was precisely my intention."

The word "plastic" in plastic surgery, Professor Manchester explains, has nothing to do with the use of some artificial substance.

"It means modelling or moulding tissues. The complete term is 'plastic and reconstructive surgery.'

"It is the surgery of the soft tissues of the whole body and of the skeleton of the face."

"It's not like removing and throwing away a person's ruptured spleen," says Professor Manchester. "If we remove half a jaw or take a nose off we have to make another one."

All this reconstruction of malformed or diseased tissue requires the grafting on of skin and flesh from elsewhere on the body.

One of the most fascinating of these grafts is the "pedicle flap." This involves the removal of a portion of skin and flesh which requires a new source of blood supply to keep it alive before it is finally grafted on the face.

So the pedicle flap is temporarily grafted on to belly, foot or neck for sustenance until it is required.

Even more complex and clever is the removal and grafting of a piece of skin and fat containing a vein and an artery — which is then slipped into and joined on to a portion of the face with an existing vein and artery.

This extremely delicate and difficult work is done with the aid of a powerful microscope and fine instruments. But it is well worth the trouble.

"It means that what used to take six months will now take only three weeks."

Varied though his work has been, Professor Manchester says he has most enjoyed treating babies born with cleft lips and palates. "I always tell the shocked and distressed mother not to worry too much, that we can take care of it."

Several people fainted when Professor Manchester showed a gathering of citizens some of his colour slides of traffic accident victims. "They were shocked and that was precisely my intention."

Greatly oversimplified, this means the cutting and remoulding of diseased or malformed flesh with the help of transplants from elsewhere on the body. Bone defects are often corrected by the use of custom-made artificial bones.

Many of Professor Manchester's patients at Middlemore are babies and children suffering from congenital abnormalities — mostly cleft palate and the hare lip that accompanies it.

Much plastic surgery is also performed on congenital abnormality of the male genitals. Also prominent on the surgery list are accident wounds — industrial and traffic — burns and cancer of the skin, jaw and mouth.

Plastic surgeons from many parts of the world have visited Middlemore Hospital to study "the Manchester method" of treating lip and palate malformations.

During the past 14 years Professor Manchester has trained 14 young Japanese plastic surgeons in the mysteries of his healing art.

Some of these Japanese medics recently sent him respectful greetings — pokerworked on wood — "to our dear teacher and father." Now they have formed a William Manchester Society in Tokyo.

Much of his medical week is spent in the operating theatre at Middlemore — sometimes working from 8 am until 7 pm.

Occasionally those 11 long hours are spent on a single complicated operation. One such recent operation was for cranial and facial surgery. "It was a little girl whose face between her eyebrows and her teeth — the middle third of her face — had failed to develop. We had to open the skull and bring the whole of the face forward."

Professor Manchester constantly reminds one that he is no one-man band at the Middlemore plastic surgery unit. "It is very much a team effort."

Besides part-time plastic surgeons, the team includes oral surgeons, orthodontists and technicians.

The presence of the orthodontists is a reminder that in many badly malformed faces the upper and lower teeth are out of alignment.

"Everyone here is kept very busy," says New Zealand's leading plastic surgeon.

Now a youthful and energetic 66, William Maxwell Manchester, was born at Waimate, Canterbury, and educated at Timaru Boys' High School.

By the time he had graduated with his "MB, ChB" from Otago Medical School he was showing signs of exceptional promise and was awarded a travelling scholarship as well as special prizes for clinical surgery, obstetrics and gynaecology and applied anatomy.

The Second World War interrupted his studies for examination for the Royal College of Surgeons and he joined the New Zealand Army Medical Corps in February, 1940.

Then came that chance military posting which, he says, led him into the field of plastic surgery.

Ordered to replace an indisposed medical officer of the 22nd Infantry Battalion, he left New Zealand with the Second Echelon which spent several months in England before being sent to the Middle East.

"Had I sailed with the Third Echelon I would not have gone to England. Well, I might have been in the Greece and Crete campaigns and might not be here to tell the tale."

As it happened, the New Zealand military authorities felt the need for some plastic surgery in their medical kit. So 27-year-old Captain Manchester was told to report to Sir Harold Gillies and Sir Archibald MacIndoe, foremost British plastic surgeons and both New Zealanders.

"Such names were legends to me and I was extremely nervous about trying to study under them. Had I the necessary talent and could I measure up to their standards? At 27 you don't have all that much confidence."

Any doubts he had tended to be swamped by the pressure of work at "Archie" MacIndoe's plastic surgery hospital in Sussex which at that time was filled with injured Battle of Britain fighter pilots.

"Such names were legends to me and I was extremely nervous about trying to study under them . . . Could I measure up to their standards?"

Those airmen who were not badly burned had severe facial injuries — and many had both.

The young Manchester spent more than a year learning his craft under Gillies and MacIndoe before being sent to rejoin the New Zealand army in Egypt.

At that time, early in 1942, the British had just suffered serious defeats in the Western Desert and morale was low.

Manchester's first task was to set up a plastic surgery unit at the New Zealand military hospital at Helwan, 20 miles south of Cairo. By October, 1942, the unit was in working order and received many of the wounded — burned bodies and maimed faces — from the Battle of El Alamein.

The Helwan hospital dealt only in primary treatment. More serious cases were sent home for further plastic surgery at a military hospital at Burwood, Christchurch.

Manchester, after two years at Helwan, followed his patients home and took over the Burwood unit. By this time he was a 31-year-old lieutenant-colonel.

At Burwood he faced another challenge when it was decided to convert the military unit into the first full-scale civilian plastic surgery hospital in New Zealand.

His skill and dedication again paid off and the new hospital proved a most successful venture. Two years later it was a going concern when Dr Manchester left it for two years study in England to get his parchment as a Fellow of the Royal College of Surgeons.

By this time (1948) his reputation as a plastic surgeon was established and before he left for London the Auckland Hospital Board was already asking him to launch another plastic surgery unit when he returned from Britain.

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e took the job and found
his raw material was
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one nursing sister. His
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that he does not readily
e "no" for an answer
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ery unit today.

Since 1950 Professor Man-
ester has travelled wide-
holding posts such as
isiting professor at Har-
ard Medical School (and
dozen other American
chools) and being elected
eneral secretary of the
nternational Confederation
f Plastic and Reconstruc-
ive Surgery.

It is significant that such
world-wide medical or-
anisation finds for its sec-
nd-to-top job a man from
small country in the An-
ipodes.

Another lasting memor-
al to his prowess as a med-
cal politician was the
ounding in 1977 of a chair
of plastic surgery at Auck-
land Medical School, an
achievement made possible
by generous financial gift
by the Auckland industrial-
ist Sir William Stevenson.

Professor Manchester was
the first incumbent of the
chair, but he will quit it in
April in favour of a young
plastic surgeon, Mr W. F.
Liggins, who has been work-
ing with him at Middle-
more. "An arrangement
that gives me great satis-
faction."

Despite his vast experi-
ence as a plastic surgeon,
William Manchester keeps
returning in his conversa-
tion to those babies born
with cleft lips and palates.

"It's good to be able to
give them some sort of a
chance to lead a normal
life."

And he quotes from
Shakespeare to illustrate
the plight of his small
patients before he goes to
work on them: "Brought
into this breathing world
'ere half made."

— Iain
Macdonald

● **WILLIAM MANCHESTER . . . a man who delights in being able to tell the shocked mother of a facially malformed baby that he can and will do something about it.**